

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10/550143** FILING DATE \_\_\_\_\_  
APPLICANT(S) \_\_\_\_\_

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3		/	X			
4	/					
5		4				
6	4	0				
7	0					
8		0				
9		0				
10		0				
11		0				
12		0				
13		0				
14		0				
15		0				
16						
17			/			
18			/			
19			/			
20			/			
21			/			
22			/			
23			/			
24			/			
25			/			
26			/			
27			/			
28			/			
29			/			
30			/			
31			/			
32			/			
33					/	
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37					/	
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41					/	
42					/	
43					/	
44					/	
45					/	
46					/	
47					/	
48					/	
49					/	
50					/	
TOTAL IND.	/	↓	/	↓	/	↓
TOTAL DEP.	30	←	16	←	16	←
TOTAL CLAIMS	21		17		17	

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
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97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						